童途有您 捐款計劃 Monthly Donation Programme

資料更新表格 Amendment Form

姓名 Name : _____ 捐款者編號 Donor No. : _____

聯絡電話 Contact : _____ 身份證號碼(如適用) HKID No. (if applicable) : _____

請選擇以下需要更改資料的項目 Please choose from the following items for amendment:

☐ 電郵 Email : _____

☐ 通訊地址 Correspondence Address : _____

☐ 收取資訊選擇 Information Received :

○ 電子匯訊 E-newsletter ○ 協康匯訊 HHS Express ○ 不收取任何資訊 Do not wish to receive information

☐ 通訊語言選擇 Language Preference : ○ 中文 ○ English

☐ 每月捐款金額 Monthly Donation Amount : _____

☐ 每月捐款方法 Monthly Donation Method : _____

☐ 信用卡 Credit Card ○ VISA ○ MasterCard ○ AMERICAN EXPRESS

信用卡號碼 Credit Card No : _____

持卡人姓名 Cardholder's Name : _____

有效日期 Card Expiry Date : _____月MM _____年YY (必須於3個月內有效 Valid at least 3 months) 發卡銀行 Issuing Bank : _____

持卡人簽署 Cardholder's Signature : _____

☐ 銀行自動轉賬賬戶 Bank Autopay Account

自動轉賬授權書 Direct Debit Authorisation Form

協康會 Heep Hong Society 收款之一方名稱(收款人) Name of party to be credited (the Beneficiary)

本人(等)在結單/存摺上所記錄之名稱 My/Our Name as recorded on Statement/Passbook 先生/女士 Mr/Ms	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited
	0 2 4	2 8 0	3 4 8 8 2 2 0 0 2
銀行名稱 Bank Name			香港身份證號碼 HKID No.
銀行編號 Bank No. / 分行編號 Branch No. / 本人(等)之賬戶號碼 My / Our Account No.			本人(等)之簽名 My/Our Signature(s)

本人(等)現授權本人(等)之上述銀行(該「銀行」)，根據協康會隨時給予該銀行之指示，自本人(等)上述戶口內轉賬予協康會，並同意本人(等)之銀行毋須證實該等轉賬通知是否已交予本人(等)。如因該等轉賬而令本人(等)之上述賬戶出現透支(或令現時之透支額增加)，本人(等)會共同及各別承擔全部責任。本人(等)確證在本自動轉賬授權書內之簽名，與本人(等)上述戶口所簽署者完全相同。本人(等)同意如上述支賬戶口有任何更改或取消是項自動轉賬付款方式時，需通知協康會。同時如上述戶口並無足夠款項支付該等轉賬，該銀行有權不予辦理轉賬且可收取有關之手續費用，該等費用概由本人(等)支付。本自動轉賬授權書將繼續生效直至另行通知為止。本人(等)同意取消或更改本授權書之任何通知，須於取消或更改生效日期最少兩個工作天前交予該銀行。並同時通知協康會。本人(等)確證以上資料正確無誤。如有錯誤，本人(等)會共同承擔全部責任。

I/We hereby authorise my/our Bank named above (the "Bank") to effect transfer from my/our above-mentioned account to that of Heep Hong Society in accordance with such instructions as the Bank may receive form Heep Hong Society from time to time. I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s). I/We confirm that my/our signature(s) on this authorisation form is/are the same as that/those for the operation of my/our above-mentioned account to be debited for the transfer. I/We agree to notify Heep Hong Society of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us. This authorisation shall have effect until further notice . I/We agree that any notice of cancellation or variation of this authorisation which I/We may give to the Bank shall be given at least two working days prior to the date on which such cancellation/ variation is to take effect and at the same time such notice shall be given to Heep Hong Society. I/We jointly and severally accept full responsibility for any incorrect information given above.

備註 Points to note:

- 請把填妥的表格郵寄、電郵或傳真致本會。
  Please send back the completed form by post, email or by fax.
- 如表格於每月扣數日前五個工作天收到，有關之更新便會於收取當月生效。
  If the form is sent back on or before 5 working days of the transaction date, the amendment will be effective starting from the month sent.
- 收集所得的個人資料將絕對保密並只作募捐及與閣下聯絡用途。
  The personal data collected will be treated as strictly confidential and will be used only for our donation record and our communications with you.

確認簽署 Signature : _____ **日期 Date :** _____

衷心感謝您的慷慨支持! With deepest thanks for your generous support !

總辦事處地址 Head Office Address : 香港九龍觀塘海濱道133號萬兆豐中心10樓 I-L 室 Units I-L, 10/F, MG Tower, 133 Hoi Bun Road, Kwun Tong, Kowloon
「童途有您」專線 Donor Services Hotline : (852) 3618 6320 傳真 Fax : (852) 2776 1837 電郵 Email : donor.services@heephong.org 網址 Website : www.heephong.org

Official Only

Form Received Date :	Amendment Date :
Last Transaction Date :	Modified :
Remarks :	